U.S. Dispartment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 06768	2. Fiscal Year Covered From:				
	1 / 1 / 2005 Through: 12 / 31 / 2005				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Eric Feaver	Name MEA-MFT				
	Labor Organization File Number 530-351				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 1232 E. 6th Avenue	Street 1232 E. 6th Avenue				
City Helena	City Helena				
State Montana ZIP Code + 4 59601	State Montana ZIP Code + 4 59601				
5. Position in labor organization President and necessity constitution	ord community) por pose or an interest of the community o				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of					
monetary value from an employer whose employees your organizati	7.a. Nature of Interest, Transaction, or Income.				
6, Name and address of Employer (including trade name, if any).					
Name [1, 3, 4, 4, 4, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	7.b. Amount.				
Street	7.b. Allount.				
Street	A MERCHE US OF STREET A PROPERTY OF THE COMMENT OF				
City	The Control of the Co				
State ZIP Code + 4 College State Sta	in the problem of the common to some the property of the common the common to some the co				
Sign	ature				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned (knowledge and belief, troe, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the				
Signed Signed	6h 2/17/06 406 - 442 - 4250 Telephone Number				

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Name of Person Filing Eric Feaver		File Number U- 06768	
B. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the busines rely seeking to represent, or irectly to, or otherwise	ss	
8. Name and address of Business (including trade name, if any). Name Employee Benefit Resources Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 1193 Street City Helena State Montana ZIP Code + 4 59624	9. Business deals with: X a. Labor Organization		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar val 12.a. Nature of interest he Spouse is a partner	ue of such dealing.	\$20,173
	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		\$13.00 Market	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	Funda de monstro	dualitiese aktionerius transcolodus bissoudit seus digitariori eta transcolodus common mormi.

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Name of Person Filing	Eric	Feaver
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File Number U- 06768

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Anderson ZurMuehlen & Co., P.C.	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any PO Box 1040	b. Hust			
Street ***	c. Employer			
City Helena				
State Montana ZIP Code + 4 59624				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Accounting software consulting and accounting consulting with regard to LM's and taxes.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City	Emmandari de de desta de la de			
State Siate Signature Signatur	11.b. Approximate dollar value of such dealing.	\$9,774		
	12.a. Nature of interest held or income received.			
	Spouse is a partner in the company			
	12.b. Amount.	Andrew Wellighten wellight wellight and the second control of the		